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ABSTRACT

As part of a program to increase the quality and availability of inclusive childcare and early childhood education in Maine, the University of Maine in Orono developed an instrument to assess inclusive child care programs. Eight of the 16 Child Development Services sites in Maine's early intervention system participated in developing and implementing the instrument. Many lessons were learned: Glossaries, definitions, and examples clarify the text of the assessment instrument; including all stakeholders builds trust; be clear on what needs to be measured and on outcomes; include all relevant skills, even if it means bringing in outside expertise. Good negotiation and conflict resolution skills are needed to maintain an ongoing relationship with early childcare professionals; and underlie systemic issues such as class size and levels of staff education and pay affect program quality. It is important for early intervention staff to clarify common goals and responsibilities before proceeding with staff development plans. The availability of quality, developmentally appropriate childcare programs is essential in the expansion of good inclusive early child care environments. A series of workshops was created in response to the action plans developed from implementation of the assessment instrument. Training needs were identified and addressed through this process. Tying the assessment recommendations to these workshops resulted in increased collaboration and greater likelihood of continuous improvement. The field test of this instrument resulted in improved relationships between the early childhood and early intervention communities and an increased availability of inclusive developmental therapy placements. (TD)

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ASSESSING QUALITY INCLUSIVE CHILD CARE PLACEMENTS FOR YOUNG CHILDREN WITH SPECIAL NEEDS

Historical Framework: In the summer of 1998, the Maine Developmental Disabilities Council (DDC) acting on parental concerns about the quality and availability of inclusive child care programs for their young children with special needs, offered to fund the Center for Community Inclusion (CCI) at the University of Maine in Orono and the Maine Department of Education to address these issues. The overarching goal of the proposal, *Maine's Inclusive Preschool Project: Creating Inclusive Early Care and Education Communities*, was to increase the quality and availability of high quality inclusive childcare and early childhood education. This would be accomplished by providing capacity building training, technical assistance, consultation, and support to early childhood providers, parents and other appropriate personnel to encourage and facilitate the inclusion of young children with disabilities in early childhood settings. Ultimately, funding for this 3 year project was provided by both the Maine DDC and the DOE, thus the Developmental Therapy (DT) Leadership Group was established to address these issues across the state.

Maine's Early Intervention system is comprised of 16 regional Child Development Services (CDS) sites. Of those 16 sites, 8 were chosen to participate in this Leadership Team. The group began by engaging in a Path strategic planning process to clarify project goals, objectives, potential partners and resources, next steps and timelines. Out of this process emerged two first steps: 1. Collect data in order to get a more complete understanding of what currently exists within the CDS sites across the state. 2. Conduct local field tests with the community programs using the National Association for the Education of Young Children (NAEYC) Early Childhood Assessment (or any of a number of other rating/assessment instruments that the group explored). As work began on these steps, several things became apparent: Much of the necessary data was not being collected/maintained; and even when data was available, definitions of critical importance differed. For example, one site might define an inclusive placement as one where a child spent part of the day or week outside of a special purpose program; while, another site might define an inclusive placement as an early childhood program where developmental therapy was embedded into the daily routines and activities. Additionally, it became apparent in researching and using nationally available program quality assessment tools that none fully met the group's need to measure quality in an *inclusive* child care program. At this point, decisions were made to defer the collection of data to other projects and individuals, and to begin the process of developing a tool and process that would meet needs in the state of Maine.

Development of the Assessment Instruments: From 1998 through 2000, the group continued to meet monthly to engage in reflective practice discussions and share resources. Field Test Version 1 of the *CDS Developmental Therapy Assessment & Monitoring* (instrument) was developed as an adaptation of an inclusion checklist from the Circle of Inclusion website. It evolved as a four-part process, starting with the Early Childhood Environment Rating Scale/Infant Toddler Environment Rating Scale (ECERS/ITERS); the Practice Observation Checklist; Maine's CDS compliance criteria; and the report/action plan. The instrument/process was field tested in ten community childcare/early care and education programs. Both the program staff and CDS (early intervention) staff completed ratings using the ECERS/ITERS and the Practice Observation Checklist. Further visits to discuss comparison of the program ratings, CDS compliance and development of action plans/next steps for the childcare program followed the initial observations. Results were shared at the monthly DT Leadership Group meetings. Several concerns arose out of these discussions. Some of the items were very subjective, leading to confusion on the part of the raters as well as contributing to potential conflict between early intervention and early childhood program

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staff. The language/words used were open to interpretation. The rating scale key was confusing to users. The length of time necessary to complete the process was far too lengthy and prohibitive, up to 20 hours in some cases.

In order to address these issues in Version 2, the following changes were initiated: 1. A glossary would be included to clarify the definitions of words. 2. Examples would be included under each item to further clarify its meaning. To illustrate, an item in Version 1 reads "Facilitates children's need for movement/change of position. Assists by varying position every 30 seconds or as appropriate." Version 2 reads "Staff facilitate children's need for movement and change of position. Example: Staff arrange for activity changes to address a child's need for movement; staff assist a child with a physical disability by helping him play on the floor comfortably in a bean bag chair; staff are tuned into a child's need to be in a quiet location or to go outside and they respond appropriately." 3. The rating scale key was adapted to make it less confusing. 4. It could serve as a "stand alone" document, meaning that it would incorporate items intended to measure the application of early childhood developmentally appropriate practices/environments as well as items specific to recommended practices in the field of early intervention. This step was not intended to undermine the use of the ECERS or NAEYC instruments. Their use in some cases continued to be recommended. However, when time factors became overwhelming, a briefer version of the process was needed. Once these changes were completed, Version 2 was published as the *Assessment & Monitoring Tool for Inclusive Early Care and Education.*

Another field test was conducted using Version 2 and additional data was collected from CDS, CCI and community childcare staff. The feedback from this field test was very positive. Head Start and childcare programs began to request the instrument for use within their programs. Our research partners at the Center for Community Inclusion were asked to review the text and make recommendations. A concern arose at that point centered around the use of "double barrel" questions, meaning some items were trying to rate more than one thing. Other concerns were that the document's organization was confusing and some items were repetitive. Additionally, the instrument needed a field test for validity and reliability. With assistance from our research colleagues the instrument was revised and prepared for professional review prior to the final field test. Version 3 is our most current publication.

During the Spring of 2001, the Center for Community Inclusion and several of the professionals from the DT Leadership Group collaborated to develop a workshop series for the early childhood community partners who had field tested the Assessment & Monitoring Tool. The workshops were created in response to the action plans developed from the implementation of the assessment instrument. Training needs were identified and addressed through this process. Additionally, these free workshops were proposed as a way to show appreciation for participation in our field tests. The first workshop focused on the broader issues of inclusion: What is it? What laws, research and attitudes support it? Is the value of inclusion reflected in (aligned with) program policy, practice, curriculum, and assessment structures? Does the program mission speak to diversity and inclusion? Does staff know it, and can each clearly articulate how what he/she does contributes to a positive school community? The follow up workshop addressed some of the day-to-day program challenges facing early childhood staff, such as: How can Individual Family Service Plans (IFSP)/Individual Education Plans (IEP) be addressed within the typical preschool routine and activities? How can developmental therapy providers and specialists, i.e., speech and language, occupational therapists, provide services within the early childhood classroom? What are the benefits? What skills are needed to offer support to classroom teachers under a consultation model? What additional resources are available to support teachers who are working with children with special needs in community settings? These workshops were well attended and participants were enthusiastic about the learning opportunity.

Lessons Learned in the process of developing the assessment instrument:

- Nationwide, many professional organizations are working on similar assessments. Many have requested our tool as soon as it is published.
- Although we had some initial conflict generated by unclear wording and subjective language, on the whole, early care and education programs were enthusiastic about working with the DT Leadership Group; and appreciative of the changes made based on their feedback. Additionally, providers who had not had an opportunity to use the tool but had heard about it through colleagues approached members of the group to ask if they could use the instrument in their programs. A number of programs expressed appreciation for the clear expectations for quality inclusive early care and education settings that came out of the assessment process.
- Tying the recommendations to a planning tool, which identifies specific goals, persons responsible, timelines, and outcomes resulted in increased collaboration and greater likelihood of continuous improvement. This process was very productive for early care and education staff who might have had some trepidation in

beginning the process. They were reassured that the assessment would not result in a document focusing solely on shortcomings and compliance standards but that it identified strengths and established a collaborative partnership for working on program needs.

- The field test clarified inherent differences between traditional early intervention service delivery and early childhood developmentally appropriate models. One example of this was highlighted as the authors attempted to use the instrument in a special purpose program. This program was highly teacher-directed as opposed to the early childhood models using developmentally appropriate practices, which tend to be more child-directed. As a result, the special purpose program scored lower on the rating scale. This underscores the importance of bringing together the best of both early intervention and early childhood best practices and honoring their contributions within both fields, as professionals develop curriculum, assessment and strategies that meet the needs of all children, including those with disabilities.
- At the state level, administrators are considering how the instrument might be utilized to build capacity within the field. A potential connection is emerging between the early intervention certifications, which are currently being developed, and the assessment instrument. One possibility is that it may be used, in addition to educational criteria, to determine program eligibility for being considered a developmental therapy placement.
- Systemic and programmatic support for Early Intervention staff to provide this service (implementation of the assessment instrument, collaboration on action plans, and any ongoing training and support) contributes to success of the process, continuous improvement and capacity building in the early childhood arena.
- Issues such as early childhood program staff turnover, level of education, staff-child ratios, pay and benefits influence the quality of care provided to all children. They are of particular importance to the quality of care offered to children with special needs since caretaker skill and small classroom numbers are of heightened importance to this group.
- The use of this instrument in Maine is optional. It was not intended to be used as a comprehensive assessment instrument and would not therefore be used in place of more structured or complete assessment formats. It serves largely as a screening tool for quality inclusive early care and education settings. Within Maine it may also be used to identify potential developmental therapy placements.

Lessons from using the instrument in the field:

- It is important to introduce the instrument in a positive way, explaining the advantages to the program, such as identifying training needs and building program capacity. It is helpful to begin the process with early care and education programs with which the rater already has a relationship. Many early childhood professionals were enthusiastic about the opportunity to collaborate with early intervention professionals, and to know that they would receive assistance in problem solving around complex child and programmatic issues. In a few cases, a comparison of the rating results showed disparity between early care and early intervention appraisals. This required good negotiation and conflict resolution skills on the part of the early intervention professional in order to maintain an ongoing relationship.
- In the earlier versions, some of the rating disparity was likely influenced by language that was not specific and therefore contributed to greater subjectivity on the part of both the early intervention and early childhood staffs. Later versions included clearer language and examples, which offered greater reliability and objectivity, as well as less disparity in rater appraisals.
- Use of the instrument required a commitment of time. Initially, when it was using along with the ECERS or NAEYC instruments, the time involved was substantial and therefore prohibitive for early intervention staff. The process has been greatly simplified but continues to necessitate substantial time commitments.
- Use of the instrument requires skill in relationship building, collaboration and negotiation particularly when there is disparity in rater assessments. Building and maintaining a relationship with the early childhood program is an important necessary focus for early intervention staff and is essential to successful outcomes.
- At times it was difficult to rate a program or classrooms within a program because great disparity existed in teaching styles and skills. If one teacher for example is very skilled but classroom aides are functioning at a lower skill level, the experience of children in that classroom is likely to be mixed. Additionally, one classroom in a program may be providing a developmentally appropriate curriculum, while others may not.
- Often the process revealed underlying systemic issues that contributed to lack of overall quality and which were not immediately amenable to the action plans developed. The dilemma of staff education, pay and class size will need to be attacked at the state and federal levels in order to respond more completely to the needs of all children.

- It is important for the early intervention staff to clarify common goals, shared vision and responsibilities before proceeding with staff development plans. Trying to move forward before laying this foundation is counterproductive and can lead to confusion, or even obstruction on the part of one or both partners.
- It is better to begin building early childhood program capacity by identifying one or two goals to undertake, rather than trying to tackle too many issues at once. Trying to work on too many goals at a time can be overwhelming and discouraging to both partners. It is important to build success into the process, so that staff can see that progress is being made. It is also important to build on the strengths that currently exist in the program, continuously focusing on how these can contribute to accomplishing goals.
- As a whole program quality for all children is the essential foundation in building capacity to care for children with special needs. The availability of quality developmentally appropriate childcare programs is essential in the expansion of good inclusive early care environments.
- It is important to identify local and state resources that could meet the needs identified so that the local early intervention site does not get identified as the only source of assistance. Building the early childhood program's knowledge of these resources and how they can be accessed should be a part of all first line training.

Lessons learned as the assessment instrument was being developed:

- Language matters. It is important to leave nothing up to interpretation. Including glossaries, definitions, and examples can help to clarify the text and contribute to tool reliability.
- Be clear on outcomes. What will be measured? Who will be involved? Do they speak the same professional language/jargon as the writer of the text? Are all partners clear on the intended outcomes, and how these will be measured?
- Approach the work collaboratively. Turf issues, hierarchical structures and competing egos are a feature of daily experience for most professionals. All of these can undermine the collaborative process. It is important therefore, to begin with a focus group, strategic planning process or other meeting structure that pulls together the key stakeholders. This builds trust, assures that all partners are onboard and contributing their expertise. Additionally, it increases the likelihood that administrators will extend implicit permission for individuals at lower levels of their organizations to participate and make related decisions as the work moves forward, i.e., prevents obstructionism.
- One instrument cannot measure everything. There are many resources for assessment. Exhaustive research on available instruments and clarity on what needs to be measured are fundamental.
- Find individuals with different skills and talents in instrumentation, practice, research, etc. It is rare to find a person or group of persons with all the skills necessary to develop an assessment instrument. Bringing in outside expertise that is lacking in the group is necessary to the process.
- Be realistic about time and resources. Asking group members how much time they could reasonably contribute to the work and brainstorming available resources and contacts outside the group contributed to meeting our goal.

Next steps for the instrument:

- Two national Early Learning Opportunities grants were awarded to early care and education/Head Start programs in the state of Maine last year. Both of these incorporated the use of the Assessment and Monitoring Tool for Inclusive Early Care and Education within childcare and Head Start programs.
- Some Early Care and Education programs will use the instrument as a self-assessment tool, with or without collaboration from their local early intervention programs.
- Individual CDS sites within the state of Maine will use the instrument as one component of their assessment and monitoring process to determine community developmental therapy placement sites.
- Maine's staff development project for early care and school age child care programs, Maine Roads to Quality (MRTQ) and the Accreditation Project will use the instrument to "field test" for more integrated work across systems (ECE and ECSE).
- Further research will be conducted within the next few months to establish the reliability and validity of the instrument. Final revisions, additions will be made and then it will be published and distributed within the state and nationally.
- CCI staff will use the instrument in collaboration with early care and education programs to develop a technical assistance plan for building capacity to provide inclusive early care and education experiences for all children.

In conclusion, just as in Maine, many states across the U.S. are challenged by barriers to the provision of inclusive early childhood placements for children with special needs. This assessment tool provides both a means for identifying such placements as well as a process for planning needed improvements within these settings. The field test of *The Assessment & Monitoring Tool for Inclusive Early Care and Education* within the state of Maine has resulted in improved relationships between the early childhood and early intervention communities; a clearer /shared understanding of what constitutes a quality inclusive early childhood setting, and increased availability of inclusive developmental therapy placements. Early childhood and early intervention professionals, parents of young children with disabilities and children may benefit from the implementation of this instrument.

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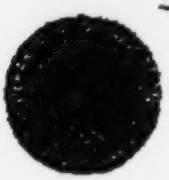

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